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DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU KHILL
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOIT
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HHS FOR THE OFFICE OF THE SECRETARY/WSTEIGER, NIH/HFRANCIS
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SUBJECT: SOUTH AFRICA PUBLIC HEALTH DECEMBER 9 ISSUE

Summary

1. Summary. Every two weeks, Embassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: HSRC Releases HIV Survey; UN Report Shows Large Increase in HIV Prevalence; Profits of Mining Sector Most Impacted by HIV/AIDS; ASSA Model Shows Increase in HIV Infections; Stem-cell Therapy for South African Cardiac Patients; Tik Abuse by Cape Teens Shows Sharp Increase; Rath Generates Legal Fees. End Summary.

HSRC Releases HIV Survey

2. Over one in 10 South Africans are HIV-positive, with young African women living in informal settlements having the highest risk of HIV infection. The country's overall HIV prevalence rate has dropped slightly from 11.4% in 2002, when the first household survey was conducted, to 10.8%. However, there has been a 5% jump in HIV infection among young women aged 15 to 24, with 17% of whom are now living with HIV in comparison to 12% three years ago. This is four times the rate of HIV-positive men in the same age group at 4.4%. The incidence rate (new infections) of females aged 15 to 24 is eight times that of males, reaching 6.5% compared to the males' new infection rate of 0.8%, an indication of the increased vulnerability of women towards HIV/AIDS. Six percent of all recent HIV infections in South Africa occurred in children aged 2 to 14, possibly attributed to mother-to-child transmission and child abuse.

3. KwaZulu-Natal, ranked fourth in the 2002 survey, now has the highest provincial HIV prevalence rate at 16.5%, followed by Mpumalanga (15.2%), Free State (12.6%) with North West (10.9%) and Gauteng (10.85%) almost tied. The Western Cape has the lowest infection rate of 1.9%.

4. South Africans continue to believe that they are not at risk of contracting HIV. Sixty-six percent of respondents thought that they were not at risk. Fifty one percent of respondents found to be HIV-positive thought they would probably not (or definitely not) get infected with HIV. Close to 80% knew where counseling and testing services were located. Of those who had never been tested for HIV, 12.8% tested HIV-positive; and of those ever tested, over one third were tested in the past year. The main reason for not testing was a perception of low risk to HIV infection.

5. The HIV prevalence among Africans is 13.3% in 2005. In African adults aged 15-49 years, almost 20% of men and 24.4% of women are HIV-positive. People living in informal settlements aged between 15 and 49 have the highest HIV-prevalence at 25.8%. Men living in informal areas had more multiple partners than those living in formal urban areas. For females aged 15-19 years, HIV prevalence was 29% among those who had a partner who was five or more years older than themselves. The figure is also high among females aged 20-24 years (34.9%). About a third of men had partners at least five years younger than they were. HIV prevalence for males aged 50-45 was over double that of females at 14.2% (males) compared to 6.4% of females, with few AIDS prevention programs aimed at the older male population.

6. About 14.4% of the children aged 2-18 years reported that they were orphans, with 2.6% maternal orphans, 10.0% paternal orphans and 2.0% double orphans. Total orphans number 2,531,810 in South Africa in 2005. The overwhelming majority (92.8%) of orphans were African, followed by 4.8% who were coloured (an official South African racial category). KwaZulu-Natal (19.8%) and Eastern Cape (18.1%) had the highest number of orphans, while the Western Cape (7.5%) had the lowest. Orphans were most likely to live in rural informal areas (19.6%) and least likely in urban formal areas, an indication that most live in poverty. Source: Health E-News, November

30, City Press, December 4, South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey, 2005, HSRC Press.

17. Comment. The HSRC 2005 household survey interviewed 23,275 individuals with 15,851 agreeing to be tested for HIV. The 2005 survey sample is more than two times the HSRC 2002 sample of 9,963. Estimates of incidence in this year's survey used blood HIV tests that allow for identification of recent infection (infection from past 180 days) compared to 2002's use of oral specimens. The HSRC surveys are population based, providing direct measures of HIV prevalence and incidence by sex, province, residence, age and race. Other surveys used to estimate HIV prevalence are based on antenatal surveys (pregnant women using public health facilities) and with further modeling of estimate HIV prevalence in other groups. A limitation of population-based surveys is reliance on perhaps low and differing response rates. End comment.

UN Report Shows Large Increase in HIV Prevalence

18. The UNAIDS Global AIDS Epidemic Update Report highlighted the speed at which HIV is impacting South Africa, with HIV-prevalence rates at 1% in 1990, now reaching close to 30%. According to the UNAIDS report, 29.5% of South African pregnant women attending public clinics were HIV-positive in 2004. The UN report estimated 6 million HIV-positive individuals are living in South Africa, with approximately 15% in need of anti-retroviral treatment (135,000 out of 900,000) receiving ARV drugs. The UN report said HIV/AIDS was responsible for a 62% increase in deaths of South Africans aged 15 and older between 1997 and 2002 and a more than 50% increase in deaths in the 25-44 age group. Sub-Saharan Africa has 25.8 million HIV-positive people, more than 60% of HIV-positive individuals worldwide, with only 10% of the world's population. HIV-prevalence rates have declined in Zimbabwe, Kenya and Uganda between 1999 and 2004. Source: Business Day and Pretoria News, November 22; City Press, November 27.

19. Comment. The UN report relies on antenatal survey results, which are the only surveys available over a long period of time. Sampling representation have repeatedly been questioned, as well as key assumptions, such as total fertility rate and fertility rates by age and race, which would give different estimates of HIV prevalence. End comment.

Profits of Mining Sector Most Impacted by HIV/AIDS

10. According to a survey sponsored by the South Africa Business Coalition on HIV and AIDS (SABCOHA), more than half the mining sector had suffered a drop in profitability because of the effect of HIV/AIDS on its workforce. The profit of about 55 percent of mines, 46 percent of transport firms and 38 percent of manufacturers polled had declined due to the pandemic. The survey, which covered 1,032 companies in eight industries, was conducted by the Bureau for Economic Research. According to SABCOHA, most of the companies surveyed had indicated that the effect on profit was less than 2.5%, similar to the 2004 survey. In terms of the impact on production costs, it appears as though HIV/AIDS has had the largest impact on labor productivity and worker absenteeism, followed by employee benefit costs. The survey was carried out between July and August 2005, covering the mining, manufacturing, retail, wholesale, motor trade, financial services, building and construction sectors. It found that 40% of manufacturers and transport firms, and 60% of mines had lost experienced and skilled workers because of HIV/AIDS. Firms employing semiskilled and unskilled workers were the worst affected. The vast majority of small companies have yet to conduct a single awareness campaign. Source: Business Day, December 1.

ASSA Model Shows Increase in HIV Infections

11. According to the Actuarial Society of South Africa (ASSA), the number of HIV infections in South Africa would increase to 5.8 million by 2010, despite significant interventions already introduced to limit the spread of infection. ASSA's 2003 model estimated 5.2 million South Africans were living with HIV/AIDS now, 530,000 of them infected between 2004 and 2005 when 340,000 people died of HIV/AIDS. As the number of new HIV infections exceeds the number of HIV/AIDS deaths, the HIV prevalence is still growing in South Africa. According to the model, just 120,000 of the country's 520,000 HIV/AIDS needing anti-retroviral treatment were receiving the drugs. About 1.5 million South Africans had died of AIDS-related illnesses since the start of the epidemic. It found KwaZulu-Natal the worst affected province, with the highest rates of HIV prevalence and the lowest life expectancy. Other severely affected provinces were Gauteng, the Free State, Mpumalanga and the North West. Last year, the ASSA model was the first to take into account the government's integrated AIDS plan. Source: Pretoria News, November 30.

Stem-Cell Therapy for South African Cardiac Patients

12. Lazaron Biotechnologies, the company that established South Africa's first stem-cell bank, is now planning to offer stem-cell therapy to patients with failing hearts. Cardiologists in the U.S., Europe and South America report improvements in cardiac patients treated using stem cell therapy, promising an alternative to heart transplants. In most cases the cells are harvested from the patient's own body, and injected into their heart tissue to rejuvenate the failing organ. Stem cells are immature cells that can be coaxed into becoming many different kinds of cells. Scientists are exploring their potential to combat a host of degenerative conditions, such as Parkinson's or Alzheimers, or repairing damaged tissue. Lazaron is planning to begin South Africa's first cardiac clinic that will include experimental stem-cell therapy among its treatment options. Lazaron's cardiac clinic would not be limited to stem-cell therapy, but would provide the full spectrum of accepted treatments for patients with different kinds of heart problems. Source: Business Day, November 18.

Tik Abuse by Cape Teens Shows Sharp Increase

13. New figures released by the Medical Research Council show that methamphetamine (or tik) abuse in Cape Town has shot up dramatically since the end of 2004. Two-thirds of persons under the age of 20 who come to local treatment centers for substance abuse have tik as either their primary or secondary drug. About a third of substance abusers of all ages, in the first half of 2005, had tik as their primary drug of abuse, compared with 19% at the same time last year and 4.7% in the first half of 2003. Of the more than 600 patients under the age of 20 treated in 2005 for all types of substance abuse at 25 treatment centers in Cape Town, 49% primarily abused tik, compared with 42% in the second half of 2004, 25% in the first half of 2004, 5% and 4% in the second and first half of 2003, respectively. Of substance abusers of all ages, 34% primarily abuse alcohol, 2% mainly abuse tik, 10% mainly do heroin and 9.7% are treated primarily for the abuse of dagga (marijuana). According to Professor Charles Parry, who led the study, it was the first time that heroin had passed dagga as the primary drug that patients had sought treatment for. According to Parry, within 10 years, alcohol abuse dropped from around 80% to 34%, not because people started drinking less, but rather because alcoholics had to start making way for abusers of other substances. On average, tik users would enroll for rehabilitation within 1.9 years of starting the habit, which is sooner than any other substance abusers. Heroin addicts would typically seek treatment within 2.9 years, while cocaine addicts on average would take 5.1 years to enroll for rehabilitation. Dagga smokers would seek treatment on average about five and a half years after addiction started, while Mandrax addicts would typically take more than 10 years to seek help. Source: The Cape Times, November 18.

Rath Generates Legal Fees

14. The Treatment Action Council (TAC) and the South African Medical Association have asked the Cape High Court to grant them an interdict that would stop Rath's selling and distributing medicines which are not registered, making false statements claiming that their medicines were effective in treating or preventing Aids, and making false statements about antiretrovirals. According to Health Minister Manto Tshabalala-Msimang, the government will continue to support the use of vitamins by HIV and Aids patients until the courts have decided otherwise. Minister Tshabalala-Msimang said: "We believe that there is no one solution to improve the wellness of those who are HIV-positive or have full blown Aids. Therefore, we have a multi-pronged approach. The use of vitamins is part of that plan." Rath brought a R1.6 million (\$250 million, using 6.5 rands per dollar) defamation suit against Health E-News and three of its employees over a series of articles describing the Rath Foundation's campaign against ARV drugs in two of Cape Town's townships. The Rath Foundation has pending suits against many of South Africa's leading media organizations, former educational minister Kader Asmal and HIV/AIDS expert Professor Jerry Coovadia. TAC, the Congress of South African Trade Unions and the South African Council of Churches are uniting to denounce the Rath Foundation's attempts to conduct unauthorized HIV trials in South Africa. Source: Business Day, November 22 and 24; The Daily News, December 1.

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